

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/630,627</td> </tr> <tr> <td>Filing Date</td> <td>July 29, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Joseph C. Maley</td> </tr> <tr> <td>Title</td> <td>Treatment Modality and</td> </tr> <tr> <td>Art Unit</td> <td>1615</td> </tr> <tr> <td>Examiner Name</td> <td>Hasan Syed Ahmed</td> </tr> <tr> <td>Attorney Docket Number</td> <td>01307.0004U4 (ACRY4-CIP)</td> </tr> </table>	Application Number	10/630,627	Filing Date	July 29, 2003	First Named Inventor	Joseph C. Maley	Title	Treatment Modality and	Art Unit	1615	Examiner Name	Hasan Syed Ahmed	Attorney Docket Number	01307.0004U4 (ACRY4-CIP)
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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

23859

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

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☐ The address associated with the above-mentioned Customer Number.

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Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☐ Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph C. Maley</i>	Date	4-29-09
Name	Joseph C. Maley	Telephone	541-593-1181
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☐ *Total of ____ / ____ forms are submitted.

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